

1 WILLIAM B. TERRY, ESQ.
Nevada Bar No. 001028
2 WILLIAM B. TERRY, CHARTERED
530 South Seventh Street
3 Las Vegas, Nevada 89101
(702) 385-0799
4 (702) 385-9788 (Fax)
Info@WilliamTerryLaw.com
5 Attorney for Defendant

6 UNITED STATES DISTRICT COURT
7 DISTRICT OF NEVADA
8

9 UNITED STATES OF AMERICA,

10 Plaintiff,

CASE NO. 2:12-cr-146-LDG-RJJ

11 vs.

12 DANNY AHN,

13 Defendant.
14

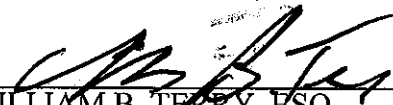
MOTION TO STAY SURRENDER DATE

15 COMES NOW, the Defendant, DANNY AHN, by and through his counsel, WILLIAM B.
16 TERRY, ESQ., of the law offices of WILLIAM B. TERRY, CHARTERED, and moves this
17 Honorable Court to stay the surrender date for a minimum of seven weeks due to medical reasons
18 in the instant case.
19
20
21
22
23
24
25
26
27
28

WILLIAM B. TERRY, CHARTERED
530 South Seventh Street
Las Vegas, Nevada 89101
(702) 385-0799

This Motion is made and based on the attached analysis of facts in support hereof, and any oral arguments as maybe presented at the hearing in this matter.

WILLIAM B. TERRY, CHARTERED



WILLIAM B. TERRY, ESQ.
Nevada Bar No. 001028
WILLIAM B. TERRY, CHARTERED
530 South Seventh Street
Las Vegas, Nevada 89101
(702) 385-0799
Attorney for Defendant

ANALYSIS OF FACTS

The defendant, Danny Ahn, is scheduled to surrender himself on November 26, 2012 in the instant case. The Defendant is further currently scheduled to have back surgery on November 5, 2012. Attached hereto as Exhibit "A" for the Court's review is a copy of the Pre-operative History and Physical Examination and supporting report from Dr. Andrew Cash with Desert Institute of Spine Care. As the documentation indicates, the Defendant will need six weeks before physical therapy for healing followed by six weeks of physical therapy for reconditioning. Therefore it is respectfully requested that the surrender date be stayed for a minimum of seven weeks.

DATED this 31st day of October, 2012.

WILLIAM B. TERRY, CHARTERED


WILLIAM B. TERRY, ESQ.
Nevada Bar No. 001028
LINDA NORVELL MARQUIS, ESQ.
Nevada Bar No. 008595
WILLIAM B. TERRY, CHARTERED
530 South Seventh Street
Las Vegas, Nevada 89101
(702) 385-0799
Attorney for Defendant

QTF GT

K'KU'UQ'QTF GTGF0

"
F CVGF "j k'aaaaa"fc{ "qh'P qxgo dgt."42340

"
"
"
".....aaaaa.....
".....Nm{ f 'F OI ggti g
".....UOWUOF kntkv'Lwf i g"

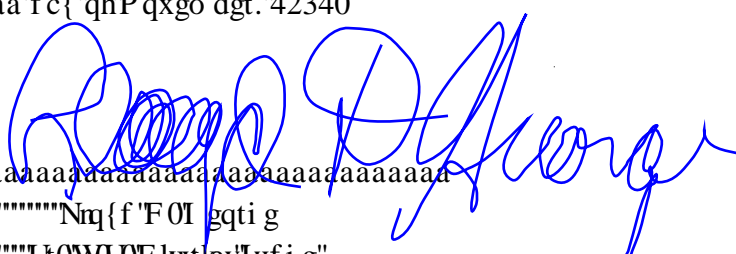


Exhibit “A”



Desert Institute of Spine Care

9339 W. Sunset Rd. #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

Name: AHN, DANNY

DOB: 10/21/1979

Date: 10/22/2012

Referred by: MICHAEL PRATER

Pre-operative History and Physical Examination:

The patient's history, physical examination are reviewed from my previous notes. The problem list has been reviewed and updated. All labs have been reviewed and are within acceptable range for surgery. Diagnostic imaging studies are reviewed to confirm location and levels for surgery.

This patient is being recommended for lumbar surgery secondary to persistent, moderate/severe pain for duration and will be sent to the hospital for pre-admission.

The diagnosis, prognosis, surgery planned, risks, benefits and alternatives to surgery were explained to the patient in detail. All questions were answered to the patient's satisfaction. No guarantees were made regarding the surgery in regards to outcomes or complications. The patient expressed understanding and consented for surgery.

The patient was instructed not to eat or drink anything after midnight before surgery. The patient was instructed to stop all anti-inflammatories and blood thinners as directed. The patient has confirmed third party transportation to and from the hospital.

He will need 6 weeks before physical therapy for healing followed by 6 weeks of physical therapy for reconditioning.

Andrew M. Cash, MD

Electronically signed on 10/22/2012 by Andrew M. Cash, MD



Desert Institute of Spine Care

9339 W. Sunset Rd. #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

AHN, DANNY

10/21/1979

Cash, Andrew M.

10/11/2012

Initial Consultation: Lumbar

CHIEF COMPLAINT: Back pain.

HISTORY OF PRESENT ILLNESS: The patient is a 32-year-old male who was involved in a motor vehicle accident, rear-end collision, last November. Since that time, he has had conservative care to the lumbar spine, had injections and discography. He has been recommended surgery by Dr. Kaplan. Dr. Prater recommended the patient undergo surgical consultation. The patient has intermittent numbness and tingling down the lower extremities.

Neck disability index is 30%. Pain is 4-6/10 and is worse with sitting, standing and lying down.

The pain comes and goes and is moderate. The patient can look after himself without causing extra pain. Pain prevents the patient from lifting heavy weights but manages light to medium weights if they are conveniently positioned. The patient can read as much as he wants with slight neck pain. The patient has moderate headaches that come infrequently. The patient can concentrate fully with slight difficulty. The patient can do his usual work but no more. The patient can drive as long as he wants with slight pain in the neck. Sleep is slightly disturbed (less than 1 hour of sleeplessness). The patient is able to engage in most, but not all, recreational activities because of pain in the neck.

Back disability index is 48%. Pain is 4-6/10 and is worse with sitting, standing and lying down.

The pain comes and goes and is moderate. It is painful to look after himself but the patient is slow and careful. Pain prevents the patient from lifting heavy weights off the floor, but can if they are conveniently positioned, for example, on a table. The patient cannot walk more than 1/2 mile without increasing pain. Pain prevents the patient from sitting more than one hour. The patient cannot stand for longer than one hour without increasing pain. The pain has restricted his social life and the patient does not go out very often. The patient gets extra pain while traveling and is compelled to seek alternate forms of travel. Sleep is mildly disturbed (1-2 hours of sleeplessness). The pain is neither getting better or worse.

PRIOR INJURIES: None.

ALLERGIES: PENICILLIN.

MEDICATIONS: Vicoprofen, Flexeril, Wellbutrin, Ambien.

PAST MEDICAL HISTORY: High blood pressure and depression.

PAST SURGICAL HISTORY: 1990 pneumothorax for collapsed lung.

SOCIAL HISTORY: Single. College. Account manager at Edmincon, not currently working.
Tobacco: The patient smokes 1/2 pack a day.

FAMILY HISTORY: High blood pressure.

REVIEW OF SYSTEMS: Review of systems reveals night sweats and nausea.

PHYSICAL EXAMINATION: On physical examination, the patient has no chest pain or shortness of breath.

Lumbar Spine: The patient has bilateral paraspinal tenderness, painful flexion to 30 degrees and painless extension. The patient has decreased sensation left posterior thigh, 5/5 lower extremity strength and symmetric reflexes.

RADIOLOGY/LAB: MRI lumbar: Disc protrusion L5-S1.

CT lumbar: Disc protrusion L5-S1 with grade 4 tear and positive discography at L5-S1 with negative controls at L3-4 and L4-5.

X-rays taken in the office today four-view lumbar show disc collapse L5-S1 with instability.

I reviewed the notes from Dr. Prater and Dr. Kaplan where surgery was recommended.

IMPRESSION:

1. Motor vehicle accident.
2. Traumatic lumbar radiculopathy.
3. Internal disc disruption L5-S1 with grade 4 annular tear and positive concordant discography and annular bulges at L5-S1.

RECOMMENDATIONS:

1. Reconstructive procedure L5-S1. Recommended Approach: Anterior/posterior with instrumentation and bone graft. The diagnosis, prognosis, surgery planned, risks, benefits and alternatives were explained to the patient in detail. All questions were answered.
2. The patient will be sent for preop testing.

Andrew M. Cash, MD/lam

DR: 10/11/2012

DT: 10/12/2012

#CASH3792

The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while t

Electronically signed on 10/15/2012 by A.M.C.,M.D.